REMARKS

Claims 1-8 and 10-17 are currently pending in the present application. In the Office Action mailed December 3, 2004, claims 1-8 and 10-17 were rejected. Applicant respectfully traverses the rejection. Claims 1-8 and 10-17 have been canceled, without prejudice. Applicant reserves the right to resubmit these claims, or claims of similar scope, in a continuation application. New claims 28-35 have been submitted and no new matter has been added.

Claims 1-6, and 10-12 were rejected under 35 U.S.C. §103(a) as being unpatentable over Murphy-Chutorian et al. in combination with Kittrell et al. To establish a prima facie case of obviousness, three basic criteria must be met by the Examiner. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the references or to combine the references teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations. (see MPEP §2143.03).

Murphy-Chutorian et al. is directed to a drug delivery apparatus for dispensing drugs into an opening, such as a TMR channel. The device includes a laser delivery means such as an optical fiber or fiber bundle. The device is disclosed as being used generally to provide drug delivery to portions of the myocardium or to the epicardium or endocardium.

Kittrell et al. discloses a laser catheter for insertion into an artery for the percutaneous intravascular treatment of atherosclerotic disease.

Claims 1, 7, 8, and 12-17 were rejected under 35 U.S.C. §103(a) as being unpatentable over Murphy-Chutorian in combination with Kittrell et al. as applied to claims 1-6 and 10-12, and further in view of Kalloo et al.

Kalloo et al. is directed to methods and devices for diagnostic and therapeutic interventions in the peritoneal cavity and discloses an elongated hollow flexible tube

having an interior passage sized to receive and allow a passage of an endoscope, the tube having an open distal end, first and second inflatable balloon structures defined adjacent to the distal end of the tube, and an inflation conduit extending respectively from the first and second balloon structures to receive inflation ports disposed adjacent to a proximal end of the tube for this selective independent inflation and deflation of the balloon structures.

New claims 28-31 are directed to a method of delivering medicament to tissue. The method comprises providing access to the atrial septum of a patient; advancing a medicament delivery catheter to the atrial septum; forming an opening in the atrial septum; advancing the medicament delivery catheter through the opening and supportively engaging the medicament delivery catheter with the atrial septum at the opening so as to sealably traverse the atrial septum; further advancing the medicament delivery catheter to a surface on the chamber of the heart; and ablating the surface on the chamber of the heart and delivering medicament to the ablated surface. None of the art of record teaches or suggests supportively engaging a medicament delivery catheter with the atrial septum, sealably traversing the atrial septum, and advancing the catheter to a surface on the chamber of the heart which is ablated and to which medicament is delivered.

Murphy-Chutorian et al. teaches the delivery of medicament to a tissue surface but does not teach or suggest supportively engaging the device at the atrial septum in order to deliver the medicament to a surface on the chamber of the heart. Likewise, Kittrell et al. does not provide any teaching combinable with Murphy-Chutorian et al. to yield the invention of claims 28-31. Finally, Kalloo et al. does not teach or suggest supportively engaging a device at the atrial septum and is likewise not combinable with Murphy-Chutorian et al. and/or Kittrell et al. to yield the invention of claims 28-31.

New claims 32-35 are directed to a method of delivering medicament to tissue. The method comprises providing access to a tissue surface; advancing a medicament delivery catheter to the tissue surface; positioning the distal portion of the medicament delivery catheter proximate the tissue surface; sealably engaging the distal portion of

the medicament delivery catheter to the tissue surface; forming a sealed opening in the tissue surface; delivering medicament through the sealed opening in tissue surface so as to prevent medicament washout. None of the art of record teaches or suggests sealably engaging the distal portion of a medicament delivery catheter with a tissue surface and forming a sealed opening in the tissue surface to deliver medicament through the sealed opening so as to prevent medicament washout.

Murphy-Chutorian et al. teaches the delivery of medicament to a tissue surface but does not teach or suggest sealably engaging the device at a tissue surface in order to deliver the medicament to the tissue surface to prevent medicament washout. Likewise, Kittrell et al. does not provide any teaching combinable with Murphy-Chutorian et al. to yield the invention of claims 32-35. Finally, Kalloo et al. does not teach or suggest sealably engaging a device at a tissue surface in order to deliver medicament to a tissue surface to prevent medicament washout and is likewise not combinable with Murphy-Chutorian et al. and/or Kittrell et al. to yield the invention of claims 32-35.

In view of the foregoing, it is submitted that claims 28-35 are in condition for immediate allowance, and such action is respectfully requested. However, if for any reason direct communication with the Applicant's attorney would serve to advance prosecution of this case to finale, the Examiner is cordially urged to call the undersigned attorney at the below listed telephone number.

Respectfully submitted,

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